

№ _____ (filled in by the organizers) _____

APPLICATION FORM OF THE CONFERENCE «VODYANOY 2020»

The 14th - 16th of October 2020, Anapa, Russia

Last name	
First name	
Country	
City	
Organization	
Membership in EARAZA / SOZAR	EARAZA <input type="checkbox"/> Yes <input type="checkbox"/> No SOZAR <input type="checkbox"/> Yes <input type="checkbox"/> No
T-shirt size	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL <input type="checkbox"/> Another one _____
Contact phone number	
E-mail	
Form of participation	<input type="checkbox"/> Participant <input type="checkbox"/> Speaker <input type="checkbox"/> Partner <input type="checkbox"/> Exhibitor
An official letter-invitation to the conference addressed to the head of your institution	<input type="checkbox"/> necessary <input type="checkbox"/> not necessary
Presentation title <input type="checkbox"/> without any report	
Preliminary term of stay	from « ____ » _____ 2020 to « ____ » _____ 2020
The need for hotel accommodation (specify conditions)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single room <input type="checkbox"/> Twin/double room <input type="checkbox"/> Another one
Your wishes to the organization of the conference	

I, (full name) _____, have read the Terms of service, posted on the website www.vodyanoy.org, and agree to the processing of my personal data.

« ____ » _____ 2020

(signing)